

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/644109 FILING DATE _____
APPLICANT(S) _____

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
1											
2	1					X					
3		1		1							
4		3		3							
5		3		3							
6		3		3							
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TOTAL NO. <u>2</u>						TOTAL NO. <u>1</u>					
TOTAL DEP. <u>49</u>						TOTAL DEP. <u>17</u>					
TOTAL CLAIMS <u>51</u>						TOTAL CLAIMS <u>18</u>					
51											
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TOTAL NO. _____						TOTAL NO. _____					
TOTAL DEP. _____						TOTAL DEP. _____					
TOTAL CLAIMS _____						TOTAL CLAIMS _____					